



#3

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[x] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Compositions For Stimulating Cytokine Secretion And Inducing An Immune Response

			Power of Attorney				
(Application	on Serial No.)	(Filing Date)	(Status)(patented,pending,aba	andoned)	(Patent No. if ap	pplicable)	
(Application	on Serial No.)	(Filing Date)	(Status)(patented,pending,ab	andoned)	(Patent No. if ap	oplicable)	
insofar States of acknow	as the subject ma or PCT internation dedge the duty to n the filing date of	ational application atter of each of the nal application in disclose materia	35 U.S.C. § 120 United States Code, § 120 on designating the United S ne claims of this application the manner provided by the I information as defined in S ation and the national or PC	tates of Amer is not disclos e first paragra 37 CFR & 1 56	ica, listed below sed in the prior laph of 35 U.S.C Swhich became	w and, United 5. § 112, I	
informa	ng the claims, as a ation which is mat	e reviewed and u amended by any erial to the pater	viedgment of Duty of Disc nderstood the content of the amendment referred to about ability of the subject matter of Regulations § 1.56(a).	e above ident	Medae the duty	to disclose	
(c)[]	was described and claimed in International Application No filed on an amended on						
(b) [x]	x] was filed on August 28, 2000 as Application Serial No. 09/649,527 and was amended on						
(a) [ ]	is attached here	to.					
the spe	ecification of whic	h					

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and Nancy J. Parsons, PTO Reg. No. 40,364 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Alpine Bank Center, 2<sup>nd</sup> Floor, 256 Dillon Ridge Rd., Dillon, CO 80435 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:



DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970) 468-6600

PATENT TRADEWARK OFFICE



**Claim for Priority** 

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREI	GN APPLICATION(S), FILED	WITHIN TWELVE M	ONTHS (6 MONTHS	FOR DESIGN) PR	RIOR TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[]NO[]	YES[]NO[]
FOREIGN APPLIC APPLICATION	ATION(S), IF ANY, FILED MO	ORE THAN 12 MONT	HS (6 MONTHS FOR	DESIGN) PRIOR	TO SAID
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

**Provisional Application** 

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/176,4061	01/13/00	
(application number)	(filing date)	
60/151,211	08/27/99	
(application number)	(filing date)	· · · · · · · · · · · · · · · · · · ·

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME SEMPLE	FIRST NAME SEAN	MIDDLE NAME C.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE BRITISH COLUMBIA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS 301 - 2880 Oak Street		CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V6H 2K3
DATE Octo D =	17, 2000	SIGNATURE	

[X] Signature for additional joint inventor attached Number of Pages 2

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_.



LAST NAME HARASYM	FIRST NAME TROY	MIDDLE NAME O.	
CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
ue	CITY Vancouver	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V5V 1L9	
17, 2000	SIGNATURE Suy lay		
LAST NAME KLIMUK	FIRST NAME SANDRA	MIDDLE NAME K.	
CITY OF RESIDENCE NORTH VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
venue	CITY NORTH VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V7N 3N1	
20, 2000	SIGNATURE Jank		
LAST NAME KOJIC	FIRST NAME ( LJILJIANA	MIDDLE NAME D.	
CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
Street	CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V5T 5C6	
11/17	SIGNATURE (		
	CITY OF RESIDENCE VANCOUVER  LAST NAME KLIMUK  CITY OF RESIDENCE NORTH VANCOUVER  LAST NAME KOJIC  CITY OF RESIDENCE VANCOUVER  Street	HARASYM  CITY OF RESIDENCE VANCOUVER  CITY Vancouver  SIGNATURE  LAST NAME KLIMUK  CITY OF RESIDENCE NORTH VANCOUVER  CITY NORTH VANCOUVER  LAST NAME KUMANA  CITY OF RESIDENCE CANADA  CITY NORTH VANCOUVER  LAST NAME KOJIC  LAST NAME CITY OF RESIDENCE CANADA  CITY VANCOUVER	

NAME OF FIFTH LAST NAME BRAMSON		FIRST NAME JONATHAN	MIDDLE NAME L.	
RESIDENCE & CITY OF RESIDENCE OAKVILLE		STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
POST OFFICE ADDRESS 22 1220 Kirstie Co	ourt	CITY OAKVILLE	STATE/COUNTRY ZIP CODE ONTARIO CANADA L6H 5C6	
DATE .		SIGNATURE		
NAME OF SIXTH INVENTOR	LAST NAME MUI	FIRST NAME BARBARA	MIDDLE NAME	
RESIDENCE & CITY OF RESIDENCE VANCOUVER		STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
POST OFFICE ADDRESS 301 - 3440 West E	Broadway	CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V6R 4R2	
DATE	TA 20, 2000	SIGNATURE W		
NAME OFSEVENTH INVENTOR	LAST NAME HOPE	FIRST NAME MICHAEL	MIDDLE NAME J.	
RESIDENCE & CITY OF RESIDENCE VANCOUVER		STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA	
POST OFFICE ADDRESS 3550 West 11 <sup>th</sup> Str	eet	CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V6R 2K2	
DATE	24,200	SIGNATURE T. HEM		



NAME OF FIFTH LAST NAME INVENTOR BRAMSON		FIRST NAME JONATHAN	MIDDLE NAME L.
RESIDENCE & CITY OF RESIDENCE OAKVILLE		STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS 22 1220 Kirstie Co	urt	CITY OAKVILLE	STATE/COUNTRY ZIP CODE ONTARIO CANADA L6H 5C6
Nov.3,2e	100	SIGNATURE	
NAME OF SIXTH INVENTOR	LAST NAME MUI	PIRST NAME BARBARA	MIDDLE NAME
RESIDENCE & CITY OF RESIDENCE VANCOUVER		STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS 301 - 3440 West B	roadway	CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V6R 4R2
DATE OLTO DE	~ 20,2000	SIGNATURE	
NAME OFSEVENTH INVENTOR	LAST NAME HOPE	FIRST NAME MICHAEL	MIDDLE NAME J.
RESIDENCE & CITY OF RESIDENCE VANCOUVER		STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS 3550 West 11 <sup>th</sup> Str	eet	CITY VANCOUVER	STATE/COUNTRY ZIP CODE BRITISH COLUMBIA CANADA V6R 2K2
DATE	124,2000	SIGNATURE J. HAM	





Appli	cant or Patentee	: Semple, et	BADEMAN	<b>/</b>	Attorney's Dock	et No.	INEX.P-006-US	
Seria	or Patent No.:	09/649,527	<u> </u>		Filed or Issued:	August :	28 2000	
FOI.	Compositions I	<u>or Sumulating</u> VFR	LCYTOKINE SEC	retion And ir	Iducing An Imi	nune Res	ponse ALL ENTITY STA1	T1 10
		V 12.1 (1	(37 CFR 1	.9(f) and 1.27	(c)) - SMALL E	MIING SM/ BUSINESS	ALL ENTITY STAT	105
I here	by declare that					,	CONCENT	
	() the owner	er of the small bu	usiness concern	identified bel	ow:			
	(X) an onici	al of the small b	usiness concernern identified be	n empowered	to			
	act on be	nan or the conc	em identified be	HUW.				
L	NAME OF C	ONCERN Ine	x Pharmaceutic	als Corporatio	n		· · · · · · · · · · · · · · · · · · ·	
	ADDRESS (	OF CONCERN	100-8900 Gk	enyon Parkwa	y, Burnaby, BC	Canada V	/5J 5J8	
of em emplo tempo conce	ployees of the copyees of the busionary basis during markers or ha	on.ed, for purponcem, including ness concern is greach of the pass the power to ghts under control of the control of the pass the power control of the pass the power to ghts under control of the purpose of the pass the power to ghts under control of the purpose of the pass the power to the pass t	ooses of paying g those of its aff the average ov by periods of the control the other tract or law have	reduced fees filiates, does n er the previou fiscal year, au r, or a third pa	under Section of exceed 500 points fiscal year of the concerns arty or parties co	41(a) and ( persons. F he concerr are affiliate introls or ha	b) of Title 35, Unite or purposes of this of the persons en es of each other wh as the power to cou	ed in 13 CFR 121.3-18, and ed States Code, in that the number of a statement, (1) the number of a property on a full-time, part-time or nen either, directly or indirectly, one ntrol both.
	() the specif	ication filed here ion Serial No. (0	ewith 19/649.527	filed August	28, 2000			
organi	zation under 37 to the invention a	CFR 1.9(e). *N everring to their	ote: Separate v status as small	entities. (37 C	luality as a smat lents are require	business of the desired the de	concern under 37 ( ch named person, c	d not qualify as a small business CFR 1.9(d) or a nonprofit concern or organization having
	4000000							······································
	() INDIVIDUĀĪ	() SMALL BU	SINESS CONC	CERN () NOI	NPROFIT ORG	ANIZATIOI	N	
	NAME				-			
	ADDRESS							
		() SMALL BU	SINESS CONC	ERN () NO	NPROFIT ORGA	ANIZATION	M	
prior to	wledge the duty paying, or at the appropriate. (37	Furne of paying.	plication or pate the earliest of t	ent, notificatio he issue fee c	n of any change or any maintenai	e in status r nce fee due	resulting in loss of e e after the date on v	entitlement to small entity status which status as a small entity is no
or impri	ac, and laidle t	h, under Sectio	n 1001 of Title 1	e with the Kno	owiedge that will ed States Code	ful faise sta and that si	itements and the lil	nformation and belief are believed ke so made are punishable by fine tements may jeopardize the
NAME	OF PERSON S	GNING O	TER	GHAL	5TITLE	SEM		PRESIDENT
ADDRE	SS OF PERSO	N SIGNING	3272	WEST !	IST AUG	ンクはど	A PHARMA	CBU II WIN
			Y					*************
	<del></del>	X 1	questi	verje, 7	. C. V	<u> </u>	44	
SIGNAT	TURE		10	e		DA.	TE a mile	